



Application for Residential Treatment

Ridge House, Inc. is a behavioral health facility for those people who are seriously committed to having a productive lifestyle and are willing to participate fully in the treatment process.

Personal Information

Name: _____ Today's Date: _____

Phone Number: _____ Date of Birth: _____ Age: _____

Social Security Number: _____ Mother's Maiden Name: _____

Present Mailing Address: _____

Number of years at this address: _____ Birth City: _____

Are you a US Citizen? Yes: _____ No: _____ Race: _____ Ethnicity: _____

Gender: Male _____ Female _____ Transgender _____ Other _____

Are you a veteran? Yes _____ No _____

If yes, what is your discharge status from the military? _____

Do you currently have health insurance? _____

If Nevada Medicaid, what is your Recipient ID Number? _____

Marital Status: Single _____ Married _____ Divorced _____ Significant Other _____

Do you have any family/significant others in NV, CA or surrounding areas? _____

If yes, where? _____

Name	Relationship	Are they supportive?
1.		
2.		
3.		

Do you have any children? Yes _____ No _____ Are any disabled? Yes _____ No _____

Do you keep in contact with them? Yes _____ No _____ Explain _____

Criminal Justice or Other Referral Source

Have you ever been an inmate in a state or federal prison? Yes _____ No _____

Prison Facility: _____ Back Number: _____

Other Referral Source (facility/hospital/walk-in): _____

Contact Person/Case Worker: _____ Phone Number: _____

Do you have any outstanding warrants for your arrest? Yes _____ No _____

If yes, where and when? _____

Date of next parole board: _____ Expected date of release: _____ Expiration date: _____

Prior Parole/Probation:

Date: _____ Location: _____ How were they discharged or completed?

1. _____

2. _____

3. _____

Criminal History:

Offense/ Charge: _____ Sentences/Times: _____ Served Drug or Alcohol Related (Yes or No)

1. _____

2. _____

3. _____

Have you ever had any write-ups or disciplinary problems? Yes _____ No _____

If yes, explain. _____

Have you ever been convicted of a violent offense? Yes _____ No _____

If yes, explain. _____

Have you ever been convicted of a sexual offense? Yes _____ No _____

If yes, explain. _____

Do you owe restitution fines anywhere? Yes _____ No _____

If yes, explain. _____

While in prison, did you participate in any of the following? (Indicate specifics: dates, program, etc.)

Street Readiness _____

Counseling Groups _____

G.E.D. and/or High School Diploma _____

College level classes _____

Special Training Program _____

Religious Programs/KAIROS _____

Other _____

Substance Abuse/Use History

Have you had or do you have a drug or alcohol problem? Yes ___ No ___

Primary drug of choice: _____ Secondary drug of choice: _____

Date of last use: _____ Date of last use: _____

Age of first use: _____ Age of first use: _____

Method of use: _____ Method of use: _____

Do you attend AA/NA Yes ___ No ___ If yes, how often: _____

Have you ever used I.V needles? Yes ___ No ___ If yes, when? _____

Prior drug/alcohol treatment? Yes ___ No ___ If yes, when did you complete? _____

What was your longest period of drug/alcohol abstinence? From ___ To ___

Longest period of abstinence outside of a controlled environment? From ___ To ___

Are there any addictions in your family? Yes ___ No ___ If yes, who: _____

Did you often use larger amounts of alcohol or drugs or use them for a longer time than you had planned or intended? Yes ___ No ___

Did you try to cut down on alcohol and drugs and were unable to do it? ___ Yes ___ No

Did you spend a lot of time getting alcohol or drugs, using them, or recovering from their use? ___ Yes ___ No

Have you experienced cravings for alcohol and/or drugs when you were not using them? ___ Yes ___ No

When was your last craving? _____

Did your alcohol and/or drug use affect your work or your school or your role at home? ___ Yes ___ No

Did your ongoing use of alcohol or drugs cause:

a. Emotional or psychological problems? ___ Yes ___ No

b. Problems with family, friends, or work? ___ Yes ___ No

c. Physical health or medical problems? ___ Yes ___ No

While using alcohol and/or drugs, did you reduce or eliminate usual social, occupational, or recreational activities? ___ Yes ___ No

While using alcohol and/or drugs, did you place yourself in physically hazardous situations such as operating heavy machinery or motor vehicles? ___ Yes ___ No

While using alcohol and/or drugs, did you recognize that a physical or psychological problem may have been caused or made worse by your use of the alcohol and/or drug? ___ Yes ___ No

Did you increase the amount of alcohol or drug(s) you were taking so that you could get the same effects as before? ___ Yes ___ No

Did you ever keep drinking or taking a drug to avoid withdrawal or keep from getting sick? ___ Yes ___ No

Medical/Psychological History

Have you had, or do you have any major emotional, psychological, or medical problems? If yes, explain:

Current Medication:

Name	Purpose	Duration (how long)
------	---------	---------------------

1.		
2.		
3.		

Past Medications:

Name	Purpose	Duration (how long)
------	---------	---------------------

1.		
2.		
3.		

Have you ever been diagnosed, treated, or seen by a doctor for:

Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Treatment
Bi-Polar	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Treatment
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Treatment
ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Treatment
Other	_____		

Date of last physical examination: _____ Females: Are you pregnant? Yes No

Date of last TB test: _____ Results: _____

If accepted, it is your responsibility to mail a copy of your medical examination (TB) results prior to your release. Ridge House, Inc. is prohibited by law to accept you into the residential program without this documentation.

Work/Education History

Highest grade in school completed? _____ Do you have a GED? _____ Or Diploma? _____

Any learning disabilities? ____ Yes ____ No If yes, explain: _____

Do you have a current state-issued identification card? ____ Yes ____ No If yes, what state? _____

Do you have a Social Security Card? ____ Yes ____ No

Do you have an original copy of your Birth Certificate? ____ Yes ____ No

If accepted, you need a current state-issued identification card or driver's license and a social security card in order to become employable. If you do not have these documents in order, please start the process now to obtain them. You may have to obtain a certified copy of your birth certificate in order to start the process.

What was the date of your last employment? _____

Past jobs held: _____

Is there anything preventing you from working full-time during the day? ____ Yes ____ No

If yes, explain: _____

Are you or have you ever been eligible for Social Security Income and/or Social Security Disability? ____ Yes ____ No

If yes, explain: _____

Ridge House is a working program. All participants must work full-time during daytime hours. Are you willing to make this commitment? ____ Yes ____ No If no, explain: _____

Have you ever participated in Ridge House residential or outpatient program? ____ Yes ____ No

If yes, what program and when? _____

How long did you stay? _____

What was your reason for leaving? _____

Why are you considering Ridge House as part of your release program/future treatment?

How did you hear about Ridge House? _____

Have you applied to any alternative programs, other than Ridge House? ____ Yes ____ No

If yes, what are they? _____

PLEASE READ AND UNDERSTAND THE FOLLOWING FORMS. PLEASE SIGN THE ACKNOWLEDGEMENT BELOW. NO INTERVIEW WILL BE GIVEN IF THIS PAGE IS NOT SIGNED AND RETURNED.

I, _____ hereby acknowledge that I have read, understand, and agree to abide by the rules as set forth in the following documents.

1. Ridge House Contract for Residency
2. Conditions for Admission to and Residency in Ridge House
3. Request for Residency
4. Ridge House Consent to Treatment
5. Confidentiality of Alcohol and Drug Abuse, Patient Records
6. Ridge House Criteria for Admission

In keeping with the spirit of Ridge House, which is rehabilitation, I agree to uphold all these rules. By signing this sheet, I give my word and swear that I have completed the form honestly to the best of my knowledge.

Applicant signature

Date

Ridge House is an equal opportunity agency and will not discriminate due to race, gender, age, or disabilities.

Notice to Individuals Receiving Substance Abuse Services

No provider of substance abuse services receiving Federal Funds from the U.S. Substance Abuse and Mental Health Services Administration, including the Ridge House, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

If you object to the religious character of this organization, Federal Law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided you by the alternative provider must be a value of not less than the value of the services you would have received from Ridge House.

By signing below, I acknowledge receipt of this notice and would like to continue the application process to Ridge House. If you would like the referral to a comparable program as indicated above, please do not sign, but let us know that you would like this referral.

Applicant signature

Date

Return this form with completed application

**Consent for Disclosure of Information
from Patient's Alcohol & Drug Abuse Treatment Record**

Declaration _____ Request

Disclosure of information from my treatment records: X Authorize the following

Nevada Department of Corrections

Name of program which is to make the disclosure

Ridge House, Inc. 900 W. First Street, Suite 200, Reno, NV 89503

Name of organization to which the disclosure is to be made

Name of Client

Determine eligibility, case planning and management, schedule interview, release and transfer information

Purpose or need for the disclosure

I-File, Pre-Sentence Reports, Diagnosis, prognosis, treatment recommendations, discharge summary

Extent or nature of information to be disclosed

This is _____ SINGLE DISCLOSURE or X CONTINUING DISCLOSURE

Signature of applicant

Date

Signature of person authorized to sign in lieu of patient (where required)

I understand that my alcohol and/or drug treatment records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically if and when there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Return this form with completed application.

Release of Information to Criminal Justice Agency

I, _____ hereby consent to communication between
Print Client Name

Ridge House, Inc and _____
Print Name to be disclosed to

The purpose of and need for the disclosure is to coordinate with agency(ies) listed above of my attendance and progress in treatment and release date. The extent of information to be disclosed is my diagnoses, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, progress aftercare and results of urine screen tests.

I understand that this consent will remain in effect and cannot be revoked by me until:

_____ There has been a formal and effective termination or revocation of my probation, parole, conditional release or other preceding under which I was mandated into treatment.

_____ Other time when consent can be revoked

_____ Other expiration of consent

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164.

Client Signature

Date

Parent, Guardian, or Authorized Representative

Date

Return this form with completed application

Release of Information to Criminal Justice Agency

I, _____ hereby consent to communication between
Print Client Name

Ridge House, Inc and Nevada Department of Parole & Probation, Pre-release Services
Print Name to be disclosed to

The purpose of and need for the disclosure is to coordinate with agency(ies) listed above of my attendance and progress in treatment and release date. The extent of information to be disclosed is my diagnoses, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, progress aftercare and results of urine screen tests.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. I also understand that recipients of this information may re-disclose it only in connection with their official duties. I also understand that I may revoke this consent automatically expires as follows:

X There has been a formal and effective termination or revocation of my probation, parole, conditional release or other preceding under which I was mandated into treatment.

Other time when consent can be revoked

I understand that I might be denied services if I refuse to consent to a disclose for purposes treatment, payment or healthcare operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Client Signature

Date

Parent, Guardian, or Authorized Representative

Date

Return this form with completed application

Return this form with completed application

**Consent for Disclosure of Information
from Patient's Alcohol & Drug Abuse Treatment Record**

Declaration _____ Request

Disclosure of information from my treatment records: X Authorize the following

Northern Nevada HOPES

Name of program which is to make the disclosure

Ridge House, Inc. 900 W. First Street, Suite 200, Reno, NV 89503

Name of organization to which the disclosure is to be made

Name of Client

Determine eligibility, medical screening, case planning and management

Purpose or need for the disclosure

Diagnosis, prognosis, treatment recommendations, discharge summary

Extent or nature of information to be disclosed

This is _____ SINGLE DISCLOSURE or X CONTINUING DISCLOSURE

Signature of applicant

Date

Signature of person authorized to sign in lieu of patient (where required)

I understand that my alcohol and/or drug treatment records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically if and when there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Return this form with completed application.

Consent for the Release of Confidential Information

I _____ authorize the Ridge
(Name of Client/Patient)

House to disclose to:

(Name of person or organization to which disclosure is to be made)

The following information: **Attendance, or lack of attendance at treatment sessions, my cooperation with the treatment program, diagnosis, prognosis and progress, periodic assessments of my program, recommendations and status of my payments for treatment.**

The purpose of the disclosure authorized in this consent is to:

(Purpose of disclosure, as specific as possible)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts. 160 and 164. I also understand that recipients of this information may re-disclose it only in connection with their official duties. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires as follows:

(Specification of the date, event or condition upon which this consent expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or healthcare operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Signature of Defendant/Client

Date

**You are permitted a copy of this form if you desire, please ask.*

Transportation / Recreation Services Waiver and Release
Ridge House Residential and Workforce Development Transportation Services

Please read this form carefully and be aware that in consideration for the Ridge House Residential and/or workforce development transportation and recreation services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that Ridge House is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against Ridge House, including its respective officials, agents, volunteers and employees (hereinafter collectively referred to as "Party").

I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that I may have or which may accrue to me arising out of, connected with, or in any way associated with said transportation services.

I further agree that this agreement shall be governed by the laws of the State of Nevada.

I have read and fully understand the above waiver and release of all claims:

PLEASE PRINT

Participant's Name: _____

Participants Signature: _____ Date: _____

Staff Signature: _____ Date: _____

This waiver is valid for one year from signature date.

PARTICIPATION WILL BE DENIED if the signature of adult participant and date are not on this waiver.

RESIDENTIAL TREATMENT PACKING LIST
RIDGE HOUSE, INC.

**** PLEASE LIMIT THE AMOUNT OF LUGGAGE AND PROPERTY YOU BRING TO TREATMENT. VALUABLES SHOULD BE LEFT AT HOME AS RIDGE HOUSE WILL NOT BE LIABLE FOR LOST OR STOLEN ITEMS. ****

Suggested items clients may bring to treatment:

- Enough appropriate clothing and undergarments e.g. socks, underwear, panties, bras for seven (7) days. Please don't overdo it, we have laundry facilities.
- Pants: NO holes or rips. Jeans must fit properly!!! NO sagging jeans will be allowed.
- Clothing that is considered provocative and gang related will need to be approved by the House Manager upon your arrival. Certain clothing may or may not be suitable.
- It is mandatory for clients to sleep in p.j.s or sweat pants and t-shirts.
- Please be mindful of the time of year and bring items that are appropriate for the season. Keep in mind that it can be very cool in the evenings and hot during the days. Heavy coat or jacket, boots or heavy shoes, heavy socks and gloves may be necessary in winter.
- Hygiene products; soap, toothbrush and toothpaste, deodorant, sunscreen, shampoo and conditioner etc. Please make sure to read all product labels, there must be no alcohol.
- Clients should bring non-wired notebooks, pencils, envelopes and stamps. Ridge House will not provide postage.

Things you must NOT bring to treatment:

- Any sort of Alcohol, Illegal Drugs, or un-authorized prescriptions, herbs, vitamins or supplements.
- Nothing with alcohol, please read the labels on your toiletries.
- Nothing in an aerosol can such as hair spray, foot spray, deodorants.
- Electric toothbrushes, electric razors, perfume or colognes, nail polish, polish remover or mouthwash containing alcohol.
- Bed linen, blankets, throws, pillows, plush toys, or towels, etc. These items will be provided for you.
- Ball point or ink pens, markers, highlighters, or wire bound notebooks. These items will be provided for you.
- Weapons of ANY kind this includes sharp tools and scissors.
- Tattoo guns or drug paraphernalia.
- Electronic games, radios, TV's or cameras.
- Cell phones, beepers, iPods, MP3 players, CD players, DVD players, or lap tops.
- Tight, revealing clothing or pants that hang on the hips or at the crotch. No gang affiliated or racist logos or clothing. No alcohol related logos on clothing.

****Please be aware that if any of the above-mentioned items are brought in, they will be removed immediately and/or may be destroyed.**

House Rules

This is a recovery-based household where we expect everybody to work together as a team and help one another to the best of our abilities. Your Residential Specialist and your counselor/therapist work together to make the best decisions with you and for the house. The entire Ridge House staff will be with you all the way and is committed to helping you on your journey.

Welcome Home

During the first 4 weeks, you will be in orientation allowed one telephone call to your family to inform them you arrived.

Chores are to be done daily, as assigned. A substance free and healthy lifestyle starts with cleanliness at home.

1. After dinner, everyone is responsible for cleaning up including, but not limited to, putting away left-over food in containers with the date, clearing the dinner table and washing the dishes. We do not do anything else until this is complete.
2. Never leave your personal dirty dishes in the sink! It is your responsibility to clean up after yourself.
3. No eating in any part of the house except at the dining room table or in the kitchen.
4. All residents will be home by 5pm for dinner, 6pm at the latest.
5. You will attend the clinical sessions you and your counselor/therapist have set up with NO exceptions.
6. We recommend you attend 3 recovery/ support meetings a week.
in addition to your scheduled groups.
7. Visitation must be approved by the counselor/therapist the week prior to the visit.
8. Passes are issued based on your level in the phase program and must be approved by your counselor/therapist. There are no passes in phase one. When you progress to phase two, you may receive a one hour pass. In the second week of phase 2, you may have a two-hour pass. In phase three, you may receive two, three-hour passes. In phase four, you may receive two, three-hour passes per week, one, eight hour pass with family and one overnight pass in the second half of the phase.

Passes are to be used to spend time with family and pre-approved sober individuals; they are not to allow you to "hang out" with friends. If you are granted a pass off campus, you understand that you are subject to screening when you return. Anyone who is found to not be where they said they would be, will lose all privileges at a level approved by the Residential Specialist and counselor/therapist. Passes are to be

presented to the Residential Specialist after receiving them from counselor/therapist. You are not allowed to leave Ridge House grounds without a pass or special permission from your Residential Specialist or counselor/therapist unless you are going to work or a previously approved appointment or meeting/s.

9. It is your responsibility to sign in and out every time you leave and come home. It is your responsibility to let the Residential Specialist know when you are leaving and when you return. It is their responsibility to know where you are at all times. You must speak to the Residential Specialist prior to leaving, so that staff knows where you are going and why.

If the Residential Specialist calls or texts your cell phone, you must answer your phone or get back to the Residential Specialist within a 5-minutes.

10. You must shower daily!

11. Beds are to be made within thirty minutes after getting up in the morning. Rooms are to be cleaned daily. We do not live in active addiction any longer; our living area should reflect this positive change.

12. Wake up for the house is no later than 6:45 am Mon-Fri and 9 am Sat/Sun. Lights out is 10 pm Sun/Thur. and 12 am Fri/Sat.

13. If you are given prescribed medication, or have obtained any over the counter medications, they must be given to the Residential Specialist immediately upon your return to the house. The medications will be locked up and made available to you at appropriate times so you can take them as directed. Medications are not to be shared with anyone; failure to follow this rule can result in your removal from the program.

14. There is NO smoking/ Vaping on any Ridge House property. You must remain 500 feet from any Ridge House property. Smoking is a privilege and at NO time is a right.

15. TV is also a privilege, NOT a right. TV privileges will be determined by the Residential Specialist.

16. Cell phones are a privilege and not a right. They may be allowed after you obtain job verification, receive your first paycheck, and after you complete a social media packet with your counselor/therapist. Your counselor/therapist will inform you when you are able to obtain a phone. Phones are to be purchased by the client and not their families. In addition, the "Obama phone" is not allowed in this program. If you are required to have a phone for P&P, Court and color testing, proof of these requirements must be presented to, and approved by, your counselor/therapist prior to you obtaining a phone. You are to never use your phone in groups, self-help meetings, in the van or at the dinner table. It is your responsibility to make sure the Residential Specialist has your phone number. You are not to share your cell phones with any other clients in the program and if you do, your phone privileges will be revoked.

The house phone is available for your use after completion of Phase 1. Phone calls may last only 15 minutes per client to allow for all clients to use the phone and can only be used to contact family, sober support coaches, sponsors, attorney's, the courts or your probation/parole officers by client's who are off blackout. At no time will Ridge House accept telephone calls from prison, jail, or camps. It is your responsibility to have the Residential Specialist's phone number on you.

17. Curfew is no later than 10 pm any day of the week, unless previously approved by the Residential Specialist and counselor/therapist.

18. Graphic or lewd material, including clothing, is not permitted at any time while in the Ridge House program. Clients are always to be dressed appropriately.

19. Gambling, tattooing, alcohol/drugs or paraphernalia are permitted while you are in the Ridge House Program.

20. There is no fraternizing with, dating or socializing, including texting, phone conversations or "hanging out" with members from any of the other houses while in the Ridge House Program.

21. You are not allowed to be another client's room.

22. You are subject to DRUG SCREENINGS AT ANY TIME, from any agency you are involved with, or at the house level. Any positive screenings will be reported to the Clinical Director and referring agency.

23. Please respect one another! At no time will disrespect of any Ridge House staff members or another client be tolerated.

24. Generally, vehicles are not allowed while you are living at the Ridge House. Vehicles may be obtained in the final phase of the program if previously approved by the Clinical Director after the proper documentation is presented. You will not be allowed to have other clients in your car and any violation of this rule will result in your car privileges being revoked.

25. You will be subject to write-ups for instances in which you break the rules. Continued or significant write-ups can result in removal from the housing program.

26. Violence, threats of violence, being verbally combative to either other clients or any staff, using of alcohol/drugs while in the house, becoming confrontational, or sneaking out of house can result in your immediate removal from the program.

27. No racial remarks or sexually inappropriate language will be tolerated.

28. Bringing alcohol, drugs or paraphernalia onto Ridge House property will result in immediate discharge from the program.

These guidelines are part of the Ridge House Program. Some of these are fixed and cannot be changed. However, issues such as dinner time, how many nights we sit

down together, when chores are done are at the discretion of the Residential Specialist. Everything in the house will be decided by the Residential Specialist and your counselor/therapist, including but not limited to, usage of TV, phone privileges, smoking, visitation, and the ability to go out on your days off and passes. Please remember these are privileges that we extend to you and at NO time are they a right!

I have read, understood and agree to abide by all the house rules as presented. I am aware that breaking of house rules will result in a write-up and that continued or significant write-ups and/or failure to move forward through the Phase program can result in my being removed from the Ridge House residential treatment program.

Client name printed

Date

Client signature

Visitor's Rules

All visitors must agree to adhere to the following rules:

1. All visits must be approved by, and are at the discretion of, the primary clinician. There are to be no visits to clients living at any Ridge House property without prior approval from the clinician, or the Chief Clinical Officer.
2. All visitors must read and sign the confidentiality form when visiting. No visitor may disclose any information regarding a client's attendance or any other information that will identify a client as an alcohol or drug client. Any such disclosure violates the participants' rights to confidentiality, a Federal Law.
3. A staff member **MUST** be present whenever guests are in the house. Clients must arrange for visits in advance.
4. All visits must take place in the common areas. These are the living, dining, and kitchen areas. **NO** visitors are allowed in the bedrooms at any time.
5. Visitors should dress appropriately. Please avoid provocative clothing, or any logos that would promote the use of alcohol or other drugs, or a lifestyle incongruent with the agency's mission.
6. Please avoid any excessive public displays of affection.
7. This is a non-smoking facility. Please do not smoke on the property.
8. Anyone entering Ridge House in possession of, or under the influence of an intoxicating substance will be asked to leave, and may be subject to arrest.
9. Children must be supervised at all times.
10. Please respect all Ridge House property. If you need something ask a staff member.
11. Ridge House staff reserves the right to ask guests to leave at any time for any behavior they deem inappropriate.

Applicant Signature _____ Date _____

Ridge House Inc.
Criteria for Admission

In order to be admitted to Ridge House, Inc. residential treatment facility, a client must meet the following criteria. Any client not meeting these criteria or unwilling to comply with the requirements will be denied services and will be referred to a more appropriate facility.

1. Must be at least 18 years old;
2. Must have a diagnosable substance use disorder and be in need of treatment;
3. Must be willing to be in treatment for as long as clinically beneficial as deemed necessary by the treatment team, which includes the Residential Specialist;
4. Must not have a sex-offense above a tier one (tier one persons will be considered on an individual basis);
5. Must not have ideation that would present imminent danger to self (suicidal) or others;
6. Must sign a medical release so that staff can obtain medical records from the appropriate correctional institution or agency;
7. Must not have needs that exceed the agency's program capabilities;
8. Must agree to enroll in self-help support groups of their choosing if it is deemed beneficial to his or her treatment by his or her counselor; and
9. Must have current TB test or be in isolation until one is obtained.
10. Stated willingness to comply with program rules.
11. Must be willing to submit to random drug screening.
12. Preference will be given to:
 - a. Pregnant I.V. drug user
 - b. Pregnant
 - c. I.V. drug user
 - d. Substance using females with children
 - e. Veterans
 - f. All others

Applicant Signature _____ Date _____

Ridge House, Inc.

Confidentiality of Alcohol and Drug Abuse Client Records

By signing this form, I acknowledge that the confidentiality of alcohol and drug abuse client records (my file) maintained by Ridge House is protected by federal laws and regulations. Any staff, volunteers, guests, or contractual personnel of Ridge House may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser, UNLESS:

1. The client consents to such a disclosure in writing;
2. The disclosure is allowed by a court order;
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation;
4. The client commits or threatens to commit a crime at the program or against any person who works for the program;
5. The client makes threat to harm self or another person;
6. The client discloses information about suspected abuse or neglect to a child or the elderly.

Violation of the federal laws and regulations is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

(See 42 U.S.C. 290dd-3 and U.S.C 290ee-3 for Federal Laws and CFR Part 2 for Federal Regulations)

Applicant Signature _____ Date _____

Request for Residency

I, _____, hereby request residence in the Ridge House
(Please print)

for as long as clinically beneficial to me as deemed necessary by my counselor. I have read the rules and procedures of the house, and give my word to abide by them and to participate fully in my rehabilitation. I agree to work with my counselor to develop a personal plan for my growth and to continue to review and develop that plan on a regular basis as I meet the goals I set for myself. I realize that failure to work within the guidelines of the house will result in my dismissal from the program, which will be reported to any entity requiring me to be here. I also understand that if I reported to Ridge House admissions staff any information that was falsified in order to gain admission, and said admission was dependent on that self-report, that I may be transferred to a more appropriate program.

Applicant Signature _____ Date _____